

# March 24, 2004

## Montana Medicaid Notice

### Home Infusion Therapy Providers

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### Coding Change

Effective April 01, 2004, Department designated local codes Z9400-Z9499 will no longer be authorized for use for services delivered after March 31, 2004. Please refer to the following chart for authorized HCPCS codes, fee schedule and prior authorization (PA) requirements. If you have existing prior authorizations for local codes Z9400-Z9499, they will need to be renewed before billing with new HCPCS codes. These changes will be included in the next version of the Home Infusion Provider Manual.

New Home Infusion Codes			
HCPCS Codes	Description	Fee	PA
	<b>Pain Management</b> – codes specify continuity of administration		Y
S9326	<b>Pain Management – Continuous</b> - per diem	\$105	Y
S9327	<b>Pain Management – Intermittent</b> - per diem	\$105	Y
S9328	<b>Pain Management – Implanted pump</b> - per diem	\$120	Y
S9330	<b>Chemotherapy</b> – continuous - 24 hours or more – per diem	\$150	Y
S9331	<b>Chemotherapy</b> – intermittent - less than 24 hours – per diem	\$150	Y
S9336	<b>Anticoagulant therapy</b> – continuous infusion per diem	\$105	Y
S9338	<b>Immunomodulating agents</b> - per diem	\$75	Y
S9346	<b>Alpha-1 proteinase inhibitor</b> - per diem	\$125	Y
S9347	<b>Epoprostenol therapy</b> - per diem	\$125	N
S9348	<b>Inotropic Agents</b> - per diem	\$115	Y
S9349	<b>Tocolytic therapy – AUM monitor with infusion tocolytic (terbutaline) therapy</b> - per diem	\$125	N
S9351	<b>Antiemetic Therapy</b> – per diem	\$125	Y
S9355	<b>Chelation (Desferal Therapy)</b> – per diem	\$125	Y
S9359	<b>Anti-Tumor Necrosis Factor</b> – per diem	\$106	Y
S9363	<b>Anti-Spasmotic Agents</b> – per diem	\$125	Y
	<b>Total Parenteral Nutrition (TPN)</b> – per diem includes the following components: non-specialty amino acids, concentrated dextrose, sterile water, electrolytes, standard multi-trace element solutions, standard multivitamin solutions and insulin and is based on the volume given in 24 hours.		Y
S9365	<b>TPN – 1 liter or less</b> - per diem	\$225	Y

HCPCS Codes	Description	Fee	PA
S9366	<b>TPN - &gt; 1 liter to 2 liters</b> - per diem	\$230	Y
S9367	<b>TPN - &gt; 2 liters to 3 liters</b> - per diem	\$235	Y
S9368	<b>TPN - &gt; 3 liters</b> - per diem	\$250	Y
	<b>Hydration</b> - -per diem fee based on amount of fluid administered		N
S9374	<b>Hydration therapy – 1 liter or less</b> - per diem	\$34	N
S9375	<b>Hydration therapy – &gt; 1 liter to 2 liters</b> - per diem	\$40	N
S9376	<b>Hydration therapy – &gt; 2 liters to 3 liters</b> - per diem	\$46	N
S9377	<b>Hydration therapy – &gt; 3 liters</b> - per diem	\$60	N
S9379	Miscellaneous Infusion Therapy Per Diems	Call	Y
S9490	<b>Corticosteriod Therapy</b> – per diem	\$125	N
	Anti-Infective Therapy – (antibiotics/antifungals/antivirals) -per diem fee based on frequency of administration		Y
S9497	<b>Anti-Infective Therapy – Q3 hours</b> – per diem	\$150	Y
S9500	<b>Anti-Infective Therapy – Q24 hours</b> – per diem	\$125	Y
S9501	<b>Anti-Infective Therapy – Q12 hours</b> – per diem	\$140	Y
S9502	<b>Anti-Infective Therapy – Q8 hours</b> – per diem	\$140	Y
S9503	<b>Anti-Infective Therapy – Q6 hours</b> – per diem	\$150	Y
S9504	<b>Anti-Infective Therapy – Q4 hours</b> – per diem	\$150	Y
S5498	Catheter care maintenance - single lumen - per diem	\$10	N
S5501	Catheter care maintenance - more than one lumen - per diem	\$15	N
S5502	Catheter care maintenance - interim - per diem	\$15	N

## Modifiers

Modifiers SH and SJ must be used when billing for multiple concurrent therapies. The per diem rate of multiple concurrent therapies are discounted 20% off the per diem rate for the second concurrently administered therapy and 25% for the third or more concurrently administered therapy. The discount(s) may be applied to the lower cost therapy.

- Use modifier **SH** for the second concurrently administered therapy.
- Use **SJ** for the third or more concurrently administered therapy.

## Per Diem

As related to reimbursement, the term “per diem” represents each day (24 hour period) that a patient is provided a prescribed therapy. The expected course and duration of therapy shall be determined by the plan of care as prescribed by the ordering physician with pharmacist evaluation. The number of units billed is the number of days on which the therapy is actually provided.

For example, if a patient receives IV antibiotics every 48 hours for two weeks, then the provider can only bill for 7 days or 7 units of therapy. Note that the number of units billed must not exceed the number of days in the billing span.

Per diem products and services included in the definition:

- All business, overhead and operational expenses
- Home infusion therapy agency staff service
  - Case management activities including coordination of treatment with other healthcare providers
  - Coordination of benefits, care and services
  - Development of client assessment and client education materials
  - Development and monitoring of nursing care plans
  - Coordination of education, training and competency of field nursing staff (or sub-contracted agencies)
  - Comprehensive 24 hour per day, seven days per week (24/7) delivery and pick-up services. Includes 24/7 availability of a dedicated infusion team consisting of pharmacist(s), nurse(s) and all other medical professionals responsible for clinical response, problem solving, trouble shooting, question answering and other professional duties.
  - Any other services provided by the agency staff related to the client's home infusion
- Infusion therapy equipment and supplies including, but not limited to, the following:
  - Infusion therapy administration devices (e.g., durable, reusable infusion pumps and elastomeric, disposable infusion pumps)
  - Needles, gauze, sterile tubing, catheters, dressing kits, and other supplies necessary for the safe and effective administration of infusion therapy
  - Infusion access devices both short peripheral vascular devices and subcutaneous access devices, excluding peripherally inserted central lines (PIC), midlines and other centrally placed lines
  - Other applicable supply expenses
- Pharmacist professional services
  - Development and implementation of pharmaceutical care plans
  - Coordination of care with physicians, nurses, clients, client's family, other providers, and other caregivers
  - Patient/caregiver education
  - Sterile procedures, including preparation and compounding of infusion medications, clean room upkeep, vertical and horizontal laminar flow hood certification and all other biomedical procedures necessary for a safe environment
  - Initial and ongoing client assessment and clinical monitoring to include but not limited to:
    - Medication and dosage changes based upon clinical findings
    - Pharmacokinetic dosing

- Monitoring of potential drug interactions
- Medication profile set-up
- Recommend appropriate laboratory monitoring
- Review and interpretation of laboratory values and therapy progression and reporting clinical information to the client's physician and other health care providers
- 24 hours a day, 7 days a week on call status

## **Contact Information**

Any questions regarding this notice can be directed to Dan Peterson at (406) 444-2738. For claims questions or additional information, contact Provider Relations:

**Provider Relations in Helena and out-of-state: (406) 442-1837**

**In-state toll-free: 1-800-624-3958**

Visit the Provider Information website:

**<http://www.mtmedicaid.org>**